PUBLIC HEALTH

LONDON: THE SOCIETY OF MEDICAL OFFICERS OF HEALTH
Tavistock House South, Tavistock Square, W.C.1

No. 5.-Vol. LXV. MONTHLY PRICE 2s. 6d. ANNUAL SUBSCRIPTION 31s. 6d. FEBRUARY-1952

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No. 5. Vol. LXV FEBRUARY, 1952

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EDITORIAL

London's Health in 1950

The report of the County Medical Officer of Health and School Medical Officer to the London County Council for the year 1950* has the melancholy interest that it will be the last annual report to be presented by Sir Allen Daley, whose retirement takes place on the 18th of this month, although, far from seeking immediate leisure after his 13 years in the chief post of London, he will be off to "pastures new" in Baltimore for further public health service within a few days of leaving County Hall. The Chairman of the L.C.C. (Mr. J. W. Bowen), in a short foreword, writes: "His annual reports have served the purpose not only of recording progress but also of drawing attention to outstanding problems in the public health field. Sir Allen has held every professional honour open to members of his branch of the medical profession, and has contributed richly from his wisdom and experience both to the health services of the Council and to the public health work of the nation as a whole. During his years of service with the Council he has endeared himself to the Council and its staff, and has justifiably earned their profound respect for his many admirable qualities and abilities." With these words we in the Society of Medical Officers of Health, who are also losing Sir Allen's services as an outstanding Chairman of Council, are in the fullest agreement.

The population of that part of "London" comprised in the L.C.C.'s area was estimated to be 3,389,620 in mid-1950, almost identical with that of 1949. The birth-rate was 15·7 compared with 16·7 in 1949, 17·9 in 1948 and 13·4 in 1938; and the death-rate 11·3 compared with 11·7 in 1949. Infant mortality reached a new low level of 25·8 (against 26·8 in 1949), a really creditable figure in a vast city where the ravages of war have left an unusually heavy re-housing problem. Congenital malformation, birth injuries and prematurity are shown to be by far the biggest factors in this mortality rate at present; an interesting diagram analyses the various factors in the periods 1911-14, 1927-30 and 1950. 79% of infants born attended a child welfare centre at least once in the first year of life, a decline on the 1949 rate of 84%, which may reflect the influence of the National Health Service arrangement. Likewise 50% of expectant women attended the Council's ante-natal clinics compared with 52% in 1949; it is assumed that the other 50% were looked after by their doctors or hospital clinics. The domiciliary midwifery service attended 7,308 confinements (the total births exceeded 54,000); the figures for 1949, 8,580, for 1948, 10,163, and for 1947, 12,924, show clearly the effect of the counter-attractions of confinement in hospital or by G.P. obstetricians under the N.H.S. "It was a constant problem during the year," writes Sir Allen, "to adjust the number of midwives to the reduced number of bookings." The case-load per midwife was about 57 compared with 65 in 1948.

Tuberculosis mortality (0·36 compared with 0·47 in 1949) again declined and notifications of new cases (1·53 per 1,000 population) also showed a considerable decrease on the 1949 rate of 1·68. A special section of the report, entitled "Half a Century of Tuberculosis in London," gives a most interesting account of the long but winning battle which has been fought against this disease. Sir Allen has been notably successful in overcoming the dichotomy of the tuberculosis service resulting from the 1946 Act, but, even with the most patient liaison, the anti-tuberculosis campaign must be difficult in present circumstances.

Many other interesting developments are indicated in the report. For instance, under Mental Health, the Council opened two new occupation centres, bringing the total to 18 and the accommodation up to the estimated needs of the county. Under School Health, audiometric testing is now available in five of the nine divisions and it was hoped to extend this to all divisions during 1951. A section contains individual reports by the Divisional Medical Officers, who bring out many points of local and general interest. The value of Mr. Benjamin's statistical section, which he described in our last issue, is shown throughout the report, with its detailed analyses of such large numbers.

British Maternity Services

The *American Journal of Public Health* for November, 1951,* contains a paper by Dr. Dorothy Taylor, of the Ministry of Health, presented to the International Congress on Obstetrics and Gynaecology held in New York in May, 1950, on "Evolution of British Maternity Services," and a discussion of this by Dr. Joseph S. Collings, Research Fellow of the Harvard School of Public Health. Dr. Taylor, as we would expect, gives a very fair and objective account of her subject and does not claim that the methods brought about by the National Health Service are neces-

* Pp. 162. Price 2s. 6d. (by post 2s. 10½d.). London: Published for the L.C.C. by Staples Press, Ltd., Mandeville Place, London, W.1.

* *American Journal of Public Health* (November, 1951), Part II, 41, 35–43.

sarily the complete answer to the needs of motherhood. Dr. Collings's discussion is an interesting evaluation by an overseas observer of the merits and defects of the British system. Up to 1948, he considers, there was equilibrium in our maternity services, "a triangle of action, with the well-trained midwives at the apex and the general practitioners and specialist obstetricians at the base." Then the new service rotated the triangle and brought the G.P. to the apex, relegating the midwife to the base. In his view the consequences of this change were many and important; the immediate consequences were undeniably bad. Many G.P.s were plainly not competent in the art and skills of even normal midwifery, and the classification of G.P. into G.P.-obstetrician and G.P.-non or semi-obstetrician was a tacit professional recognition of this state of affairs; the dangers were self-evident. In the short run the consequences of the disturbance of the old equilibrium must be bad, both directly in hazarding mothers and babies by poor care and indirectly by its adverse effect on morale of and recruitment to the midwifery services. In his opinion the family doctor must be responsible for the full care of normal confinement, but this entailed an obligation on the G.P. to attain the highest standards. He went on, "I have laboured this question of the changing pattern of obstetric care in Britain quite deliberately, because unless there is full recognition of the significance of this change, we might well see the destruction of an effective maternity service which at present operates within the limits of the national economy and the substitution of a new institutional specialist service, infinitely more expensive and of dubiously greater merit. On the other hand, if we recognise the significance of what is happening, we can do a great deal not only to advance the quality of maternity services but also to bring reality to the present somewhat mythical 'family doctor' concept."

Lastly, he pointed out the five separate medical agencies that can come into the British picture for a single pregnant woman, and thought that the sooner care of the expectant mother was "personalised" and concentrated in the hands of one *competent* person the better; this person should be the family doctor. This is, of course, an American view, but it is not unduly coloured by the American practice by which the great majority of births take place in institutions under specialist obstetricians, and merits careful consideration.

Economy in Local Government Manpower

The Local Government Manpower Committee, which includes representatives from eight Government Departments and the Associations representing local authorities, has published its Second Report.* The Committee was appointed in January, 1949, to review and co-ordinate the existing arrangements for ensuring economy in the use of manpower by local authorities and by Government Departments concerned with local government matters, and to examine the distribution of functions between central and local government and the possibility of relaxing departmental supervision of local authority activities.

In this Second Report it is pointed out that many of the recommendations made in the First Report have now been put into effect. These include changes in the administration of the Food and Drugs Acts; a simpler procedure for recovering electoral registration expenses; and the adoption of a number of reports affecting, among other subjects, delegation by county councils, education, compulsory purchase of land, the appointment of medical officers of health and sanitary inspectors, and control of building resources. One recommendation of the committee which has required legislation has also been implemented. This concerned the procedure for the approval of loans made by metropolitan borough councils, which was dealt with in the London Government Act, 1950. The committee believe that considerable savings in manpower have been made possible by the adoption of their recommendations, but precise figures cannot be given.

In an appendix to the report now published other recommendations requiring legislation are listed. The committee do not think that these proposed amendments, in general, involve major issues of Government policy, or that they are controversial. There seems, however, to have been some disagreement between the two sides regarding the value of regional organisation of the central departments.

The committee believe that they have now completed their main task. The chairman of the committee from November, 1950, was Mr. E. W. Playfair, of the Treasury. The vice-chairman was Sir Arthur Hobhouse, of the County Councils Association.

* Second Report of the Local Government Manpower Committee Cmd. 8421. H.M. Stationery Office, price 1s. 6d.

Malaria Abolished in Sardinia

Another triumph of prevention, which parallels the success achieved by the wiping out of the anopheles mosquito in Cyprus in 1949,* is recorded in the annual report of the Rockefeller Foundation for 1950. Since 1946 members of the Foundation's International Health Division have been collaborating with the Italian Government's campaign against malaria in the island of Sardinia. With Dr. A. Missiroli, an expert Italian malariologist, the Foundation's personnel organised an intensive campaign to eliminate the *anopheles labranchiae*, the vector concerned, from the island. Funds and materials were forthcoming first from U.N.R.R.A. and later from E.C.A. The work began with an entomological survey, followed by intensive residual spraying and larvicidal operations in 1947 and 1948, when some 32,000 workers were employed. In addition to culverts, bridges and other resorts of the anopheles, some 337,000 buildings were thoroughly sprayed.

As a result, *anopheles labranchiae* soon became very scarce and, more convincing, new cases of malaria have rapidly diminished in incidence. From 10,000 primary cases in 1946, the number dropped to 3,000 in 1947, 300 in 1948, one in 1949 and none in 1950. The intensive antimalarial campaign formally ended in October, 1950, but a small staff remained to complete a comprehensive report and to assist the Sardinian health authorities to organise a permanent insect control and quarantine service.

New Year Honours

The Society itself could have chosen no two members of the Public Health Service more worthy of distinction than Drs. J. M. Gibson and A. A. E. Newth, who became Officers of the Order of the British Empire in the New Year Honours. Dr. Gibson's virtues were particularly apparent to all during his recent Presidential year, and Dr. Newth has been a tower of strength to the School Health Service and in the Council of the Society. We convey the congratulations of all members to these two worthy representatives of the Public Health Service.

* Shelley, H. M. (1950). *Medical Officer*, **83**, 27.

OBITUARY

JAMES ROBERTSON ADAM, M.B., CH.B., EDIN., D.P.H.

We record with regret the death on December 26th of Dr. J. R. Adam, only one month after his retirement from the post of County Medical Officer of Health for Roxburghshire, which he had held since 1930. Dr. Adam graduated in medicine at Edinburgh University in 1909 and took the D.P.H. in 1913. His first public health appointment was as M.O.H. for the burghs of Hawick, Jedburgh, Kelso and Melrose, whence he went successively as county M.O.H. for Kirkcudbright and for Orkney before returning to Roxburghshire. He was one of the senior Fellows of the Society, which he joined in 1914. He leaves a widow and a son, to whom we extend sympathy.

THE CARE OF AGED PERSONS IN A RURAL DISTRICT WITH PARTICULAR REFERENCE TO THEIR HOUSING *

By NOEL F. PEARSON, M.R.C.S., L.R.C.P., D.P.H.

Medical Officer of Health, North Dorset Districts; Assistant County Medical Officer, Dorset

It is only too often assumed that the care and welfare of aged persons is only the concern of the Local Health Authorities. This, of course, is not so. The local District Council has a definite responsibility toward the old people in its area, and, presenting this paper as a District Medical Officer of Health, I hope to show some ways in which these responsibilities can be met.

I should like to read to you from a letter which I received a few months ago :—

"I am wondering if you will kindly give me a little friendly advice. I am a respectable single woman of 80, very lonely and without friends. Have lived here over two years and only had one visitor to see me all the time. This place is very damp and chilly winds and rather smelly, because so many cows pass by. My health is none too good owing to rheumatism in one leg. I do my own washing, but have to dry everything in front of my fire. I occupy one top unfurnished room, 10 shillings weekly. Coal costs £1 monthly and oil for cooking and lighting another £1. When I have to collect my pension I have to hire a taxi, costing 10 shillings a time return fare, or if I have to go to Dr. ——, taxi again, as he will not come and see me. I have my own furniture but I have only two men relations 150 miles away who positively refuse to bury me. I know of no one who will bury me when I die. I am so very lonely, but a Christian, non-smoker and teetotaler. Could you by any chance hear of a room or eventide place, will you please write to me. I badly need the help of a chiropodist, but as his days are Wednesdays (when no bus runs) I cannot have him. I am afraid that if I am taken ill at the last, my landlady would not be able to assist much, though I have nothing against her. But I sleep rather badly wondering what will become of my things and the last offices for departing this life—I have no friends or anybody to assist.

Yours, etc.,

MISS BLANK.

If the health is happiness and happiness is health there, indeed, is a challenge to a Health Department—a letter which portrays very vividly the acute loneliness, anxiety and physical hardships which many old people perforce endure.

Under the changing structure of our population, it is not only the aged who may suffer, but the younger people, too. With the increase in the proportion of smaller families more and more younger people have the direct and sole responsibility for the care of their old people. Only too often the old have to share the young people's home with the result that the happy relationship which should exist between the young and the old too frequently is changed to one of embitterment.

To tackle aright the problem of the aged brings health and happiness, not only to the old, but the young as well.

I have been fortunate in being Medical Officer to a Rural District Council which has done a great deal toward the welfare and housing of its aged persons, and I should like to tell you what has been and can be done in a rural area with a population under 10,000.

When planning for the welfare of aged persons, the dominating objective should be to keep the old persons in their own homes among their own cherished possessions, for as long as is ever possible, and if the time comes when this is no longer possible, then to keep them, at least, in their own neighbourhood near to their friends and in familiar surroundings. It is with this in view that the District Council I am talking about developed its scheme.

Very shortly after the Ministry of Health Circular 11/50 was received, the Council called a meeting of persons and representatives of voluntary bodies interested in the subject. As a result a voluntary Old People's Welfare Committee for the whole of the district of 21 parishes was formed. This Committee is entirely independent of the Council, from which it receives an annual grant of £10 to meet its postal and incidental expenses. The only link between the Committee and the Council is the Medical Officer of Health, who attends the meetings of the Committee in an advisory capacity only and who can act as a link between the Committee and the statutory authorities responsible for the welfare of old people.

The main function of this Committee is to co-ordinate the work of all voluntary or statutory authorities in the district which carry out functions with regard to the welfare of old people.

Each parish is represented on the Committee by a worker in the parish who accepts the responsibility for the visitation and supervision of the welfare of all aged persons in the parish, appointing additional voluntary helpers there, if necessary.

Each parish representative is supplied with information with regard to all officials and medical practitioners, health visitors, home nurses, etc., whose assistance she might have to seek. In addition, the parish representative is supplied with a list of all aged persons in the parish so far as this could be ascertained.

The Committee has already done a great deal of good work. Through it regular visitation of the old people has been carried out. Old people, otherwise unknown, and who required assistance, have been brought to the notice of the appropriate statutory authority. Through the Committee's activities a number of old people's clubs have been started in the district and at least one special regular religious service has been organised for one group of old people.

The Committee has also been a useful consultative body to whom the District Council has turned for advice on such matters as the design and equipment of the dwellings provided by the Council for aged persons.

The opinion of this representative and informed Committee was of particular value to the Council when it was considering its policy with regard to the provision of hostels for old people under the Housing Act, 1949.

The critical eye with which this Committee watches how statutory authorities are carrying out their functions in relation to old people in the district is not altogether unuseful.

If the voluntary Old People's Welfare Committees have proved their value in urbanised areas—and this, I think, is admitted—their value is even greater in my experience in a scattered rural area.

Reading this address as a District Medical Officer of Health I do not propose to enlarge on the part which the Local Health Authorities' domestic help and home nursing services play in maintaining the aged persons in their own homes for as long as possible. These services are, of course, of fundamental importance toward that objective.

For the same reason I do not propose to discuss the question of Part III accommodation. I cannot, however, refrain from emphasising that, where Part III accommodation is provided, the unhappiness which can be caused to aged persons, by putting them among others of a social class to which they have never been previously accustomed, is very real. I feel justified in emphasising this point because a number of such persons have applied for accommodation in our old people's dwellings because they were unhappy in the Part III accommodation to which they had been admitted.

Now the power of a Rural District Council in regard to the actual welfare services for the aged is strictly limited, but when it comes to the provision of dwellings for old people the picture is very different.

In the Rural District which I have at present in mind, out of 1,000 Council houses built, 127, *i.e.*, 12%, are of a type suitable for aged persons. Eighty-four of these 127 are small individual flats or bungalows mixed with other types of dwellings on Council housing estates throughout

* Presidential Address to the Southern Branch, Society of Medical Officers of Health, Blandford, October 19th, 1951.

the district. In addition, three of the major parishes have already been provided, and a further one is to be provided, each with a block of individual ground-floor flats designed especially for the use of old people. Each of these blocks have between 13 and 15 dwellings. Most of the dwellings have a living-room, bedroom, kitchen and bathroom. But some of them, for use by two sisters or a brother and sister, have two bedrooms. In the proposed new block some of the dwellings are to have bed-sitting rooms.

In each of these blocks of dwellings there are quarters for a warden and his wife, who do the stoking, maintain the communal parts of the building and who are available to give assistance (and meals when necessary) to the aged occupants of the flats, at a charge laid down by the Council. The flats are provided with a constant hot-water supply from a central boiler which also supplies the radiators provided in the living and bed rooms. Electric bells connect the dwellings with the Warden's quarters and are available, in particular, for use in an emergency.

To reduce the expense of providing each dwelling with a spare bedroom, two visitors' suites are provided in each block. These rooms are furnished by the Council and are under the charge of the Warden. They are let at a modest rate per night for a limited period of time.

An additional feature of these blocks of dwellings is the provision of a communal sitting-room, furnished by the Council, for the use of the tenants of the flats. In practice, not as much use has been made of this room as expected, but it has been found a useful place in which to hold entertainments or religious services for the old people, and the County Library maintains a changing selection of books in this room for their use.

The proposed new block of flats is, in addition, to be provided with a washing-drying room.

Our experience, over four years, of these old people's dwellings has been most happy and satisfactory. While two or three residents have died, not one has, as yet, had to be transferred to Part III accommodation, and I think that such a step will prove to be an exceptional procedure. It is my firm conviction, based on an intimate knowledge of many of the occupants of these dwellings, that not only has the expectancy of the lives of these old people been materially increased, but that the number of these dwellings is going to reduce considerably the demand for Part III accommodation in the district. Because of this, the Council are confidently expecting a contribution from the Local Health Authority toward the cost of the provision and maintenance of these dwellings.

The Ministry, as a rule, do not welcome proposals for the siting of aged persons' dwellings away from housing estates and other dwellings. While it is appreciated that such dwellings should be near a bus route and in close proximity to the Post Office, shops and places of worship, I am not at all convinced, from my own experience, that old people necessarily want to live on the doorstep, as it were, of the younger generation. Obviously they do not wish to be far from their young relations and while some may like to see and hear children playing about outside their windows, I feel that the majority do prefer the dwellings to have some degree of seclusion.

The value of having a warden and his wife available to give limited material assistance to the old people in these flats is, of course, obvious. Less obvious, in my opinion, and *much* greater, is the psychological advantage which accrues. The old people know that they have a friend at hand should an emergency arise, and it is felt that this contributes considerably to the happiness and contentment of the tenants. It is obvious that considerable care has to be exercised in the choice of warden, and even more so in the case of the wife—and if the Medical Officer of Health is present at the appointment, so much the better, for the candidates appreciate at the outset the interest that he has in their duties.

In the provision of special dwellings for aged persons many requirements can be introduced. Some, while appearing obvious and elementary, are easily overlooked. If the site necessitates steps being provided, these should be replaced, wherever possible, by sloping ramps. Even the doorstep should be shallow and wide. The windows in the living-room, at least, should be low enough to give an outlook to anyone sitting in a low chair. Handrails beside the bath and w.c. are of particular value. I have no experience of the baths which some authorities provide, in which, for safety reasons, the person cannot lie full length submerged, and so cannot express an opinion on its value as compared with the usual type of bath.

Where individual flats and bungalows are being provided, initially for the use of young newly married couples and later by aged persons, a mistake easily made is to provide too large a garden, the cultivation of which would become burdensome to old people.

In addition to the other steps already taken by them, consideration has been given by the Rural District Council to the necessity, or otherwise, of providing hostels for old people under the powers granted by the Housing Act of 1949. After full consideration and consultation it was decided that, in a rural area, the needs of the old people were better met in the way I have already referred to, with perhaps the provision in each parish of more individual bungalows specially designed to meet the requirements of old people. These bungalows will be provided with a living-room having a bed recess. A small bedroom will also be provided.

And what of Miss Blank, whose letter I read to you at the beginning of this paper?

She is now living in one of the blocks of dwellings I have described to you. She is no longer lonely. She does not now think of dying—but of living. She is near the Post Office and gets her pension without difficulty. Her rheumatism, too, has gone, so she is not worried about her doctor, even, any more.

No—I cannot say that all her needs have been met. Until the Ministry of Health realise that a chiropody service is one of the most useful items that a Local Health Authority should be allowed to provide under the Welfare Scheme for aged persons throughout its district, and not consider it a proper function of Regional Hospital Boards, I am afraid that she cannot be helped much in that direction.

But there she is—really happy—so happy that with the "God bless you's," etc., it is almost embarrassing to visit the dear old soul. A visit to her is, however, a pleasing tonic these days to the District Medical Officer of Health, who leaves her feeling that there is yet good work to be done among that age group toward which we all are—only too fast—approaching.

At a meeting of the British Tuberculosis Association, to be held at the Royal Empire Society, Craven Street entrance, off Northumberland Avenue, London, W.C.2, on Friday, February 15th, at 3.15 p.m., Dr. J. Greenwood Wilson, Medical Officer of Health, City of Cardiff, will speak on "Section 28." Medical Officers of Health will be welcome as visitors at this meeting.

THE Health Congress of the Royal Sanitary Institute will open at Margate on Tuesday, April 22nd next at 11 a.m., when the President of the Congress, the Right Hon. Lord Moran, M.C., M.D., F.R.C.P., will give his address. The Section of Preventive Medicine will open at 2.30 p.m. on the 22nd with an address from its President, Dr. Andrew Topping, followed by a discussion on "The Contribution of the School Health Service to the Health of the People" in which Dr. Peter Henderson (Ministry of Education) and Prof. A. V. Neale (Bristol) will speak. The Conference of Medical Officers of Health will hear its President's address from Dr. W. G. Clark (M.O.H., Edinburgh) at 9.30 a.m. on Wednesday, 23rd, followed by addresses on "The Problems associated with Domiciliary Care and Welfare Schemes" by Dr. J. S. G. Burnett (M.O.H., Preston) and "Administrative Problems in Dealing with Aged Persons" by Dr. R. C. Wofinden (Dep. M.O.H., Bristol). The Section of Maternal and Child Health will hear the Presidential address of Mr. Arnold Walker at 2.30 p.m. on Thursday, 24th, followed by a discussion on "The Child Neglected in His Own Home"; this Section meets again at 2.30 p.m. on Friday, 25th, for a discussion on "Hospital *versus* Domiciliary Midwifery."

THE MEDICAL OFFICER OF HEALTH AND THE FORENSIC PATHOLOGIST *

By F. E. CAMPS, M.D., D.T.M. & H.,

Lecture in Forensic Medicine, The London Hospital

When I was invited to speak to you I felt not only honoured but more than delighted for the opportunity to discuss the relationship of our two branches of medicine. I say this because I have felt for a long time that the deaths in which we have a common interest require an investigation which goes farther than the mere establishment of a cause of death and needs, in addition, the careful collection of material. The duty of the Coroner to investigate cases of sudden death, and especially those associated with acts of violence, is general knowledge. The fact that he can also investigate deaths due to epidemics, if it be in the public interest, is not so well known, although reports of inquests on cases of food poisoning appear from time to time in the press, including news of searches for guilty mice !

More frequently it falls to his lot to investigate an unexplained or unexpected death which proves to be due to an infectious disease whose presence may not have been suspected. In such circumstances it is obviously essential that the Medical Officer of Health should be notified as soon as possible to enable him to take any necessary measures. The following list will give some indication of the varieties of infectious diseases encountered by me during the years 1947–50 (I have deliberately excluded the pneumonias and tuberculosis) :—

Pneumococcal meningitis	27
Meningococcal septicaemia	13
Acute poliomyelitis	23
Acute hepatitis	7
Acute streptococcal oedema of the glottis	18
Measles (bronchopneumonia)	4
Whooping cough (bronchopneumonia) ...	5
Flexner dysentery	2

When we consider these are all cases of sudden or unexplained deaths, which would not have been otherwise diagnosed, it affords some food for thought.

During the time I have been practising forensic pathology I recall discovering cases of acute poliomyelitis at autopsy on infants reported to the Coroner as cases of bronchopneumonia. Such a *post-mortem* diagnosis, of course, is made upon evidence of respiratory failure and confirmation of the aetiology by microscopy of the brain and spinal cord.

Another virus infection which it has been possible to identify on occasions after death has been infective hepatitis. Some years ago I had the opportunity of carrying out an autopsy on a case of unexplained death in an isolation hospital to which the patient had been transferred from a general hospital diagnosed as a case of encephalitis. At examination it became clear that the cause of death was acute hepatitis, a most surprising observation in view of the fact that the case presented clinically with a purely neurological picture and with no jaundice. As a result it was necessary to go back to the general hospital and perform an autopsy upon a close relative of the first case whose death had been certified as due to encephalitis but who also proved to have hepatic necrosis. A third similar case was identified and thus the presence of a small and unusual outbreak of infective hepatitis was established. Unexplained deaths from jaundice can be of great importance, including as they do not only hepatitis and acute yellow atrophy but also Weil's disease.

Diphtheria may be recognised for the first time in the *post-mortem* room after being notified to the Coroner as an unexplained death sometimes having been missed because the person had been immunised. More frequently acute streptococcal infections are discovered and I have seen several deaths associated with acute oedema of the glottis, some of which have been opened as quinsies. Such infections are, of course, of particular importance when occurring in midwives and food handlers, especially dairy workers. I well recall a case in which a farmer reported a death of one of his milker's children from tonsillitis. He did this because the doctor in charge of the case could not be persuaded to regard it as a serious matter or even notify it to the health authorities. I feel that the identification of death being due to infection by *Str. pyogenes* may well reveal from time to time unrecognised outbreaks of infection due to this organism, especially as its relationship to scarlet fever is still not appreciated by many medical practitioners.

While discussing common infectious diseases I should like to describe a case of death from chickenpox which had a quite severe impact upon the Local Health Authority and led to a Coroner's inquest. This gave the public a far more accurate account than would have occurred had the parents merely disseminated their own private and biased views. The Coroner was also able to assist the local Medical Officer of Health to collect material early to exclude smallpox.

A male child aged six years on *July 20th*, 1949 (Wednesday), developed a spot behind the left ear resembling an early chickenpox lesion, a disease which was epidemic in the neighbourhood. A doctor, deputising for the family doctor, was called and saw the child at about 12 noon, when he diagnosed chickenpox and prescribed a lotion and medicine. The next day, Thursday, there was an increase of the spots and on this occasion he was seen by the doctor himself, who diagnosed chickenpox and took the temperature. On the Friday the doctor's deputy called again and was satisfied with the child's progress, although he was restless and was later stated to have had no sleep since Wednesday. On *Saturday, July 23rd*, the child appeared worse and the doctor was consulted on the telephone at 7.45 and 8 a.m. He advised that the child could have an egg and that as the eyes were filled with pus and sticking together, they should be bathed. Later the child became delirious, and after further telephone calls the doctor attended at about 10 a.m. and examined the child. He took the temperature in the mouth and said that it was the worst case of chickenpox he had ever seen. He suggested obtaining the opinion of the Medical Officer of Health in consultation. This was, of course, to exclude smallpox, but was misinterpreted by the parents as a specialist opinion upon the child's general condition. He definitely excluded smallpox and a sedative was prescribed by the practitioner. The child's temperature was then 104, but the day was hot and the time the late morning. At 2.15 the child was given its first dose of medicine and as there was no improvement by 3.30 p.m. the father rang up the doctor requesting him to give morphia, which was refused. He attended at about 5 p.m., and again later, when he found the child to be dead. As the death had been so rapid and was unexpected, it was quite correctly reported to the Coroner. He at once agreed that material from the lesions should be immediately collected and sent for a laboratory exclusion of smallpox.

† A *post-mortem* was carried out, and the following is a summary of the findings :—

(1) A fairly well-nourished boy with cyanosis of the extremities.

(2) Scattered over the body, the distribution being face, neck, chest, back, to a lesser extent arms and thighs, and scantily on the feet, were lesions varying in appearance from slightly raised red areas with a white centre the size of a pin's head to larger similar areas up to ¼ inch in diameter. In addition, there were varying stages of vesiculation and encrustation but no obvious pus formation. Conjunctivitis was also present.

Internally, there was general congestion of all the organs and the oesophagus showed a series of raised yellowish areas firm in consistency and varying in size from a pin's head to the size of a pea. On section, these showed a somewhat fleshy appearance with some hyperaemia. The tracheobronchial lymph nodes were enlarged and similar in appearance. Microscopically, the oesophagus showed almost complete necrosis of the mucosa with an intense haemorrhagic purulent inflammation in the mucosa and submucosa which in some places extended into the muscular coat. The lymph nodes showed reactive changes with neutrophil polymorphs. A somewhat similar appearance was present in the spleen. The lungs were oedematous with petechiae on the pleura. There were areas of collapse and an early bronchopneumonia. The heart showed gross subendocardial haemorrhages on the septum. The stomach and intestines

* Paper read to the Home Counties Branch, Society of M.O.H., London, October, 1951.

were dilated with mucosal haemorrhages. The liver was enlarged with small subcapsular haemorrhages and showed areas of focal necrosis. The spleen was enlarged and the kidneys congested.

The picture, therefore, was one of septicaemia complicating chickenpox. Death associated with chickenpox is uncommon but a few deaths occur each year.

From the medico-legal point of view the case was of interest because of allegations by the parents of negligence against the doctor on the grounds of (1) failing to attend sufficiently often ; (2) failing to take the temperature ; (3) failing to appreciate to tell them that the child was seriously ill ; (4) failing to give prophylactic treatment such as chemotherapy or penicillin.

During the inquest the following statements were made :

(1) Fatal and rapid termination in chickenpox such as occurred in this case is rare.

(2) The evidence of the severity of the disease as shown by the visceral findings could only be estimated *post-mortem*.

(3) Prophylactic administration of penicillin is not indicated or desirable in all cases of chickenpox.

A verdict of death from natural causes was returned.

Outbreaks of acute gastro-intestinal infections are now very common and the cases, presenting as they do with diarrhoea and vomitting, naturally are of great interest to the Coroner in view of the similarity of the symptoms to arsenical poisoning. Some are due to *Bact. typhi-murium* or *Sh. sonnei*, while others are caused by staphylococcal toxin. All such cases are of interest to the Medical Officer of Health as indicating sporadic cases of infection in his district and possible sources of forewarnings of an explosive outbreak. Strange as it may seem, coronary thrombosis may present with a somewhat similar clinical picture and is one of the conditions that has to be distinguished at *post-mortem* examination.

There are, of course, many cases of pulmonary tuberculosis, including some who are discharged or discharge themselves from sanatoria, and it has always seemed to me that a report of the findings at autopsy of such cases should find its way back to the hospital or clinic where the case has been treated. Most are known cases of pulmonary tuberculosis who have died suddenly or who have not seen a doctor recently. More important are the persons found to have active tuberculosis for the first time at *post-mortem* examination, for it is clearly of importance that the rest of such families should be screened. For this reason alone such cases should be brought to the notice of the health authorities. There is no need to mention the association between asbestosis and silicosis and tuberculosis, for correctly all cases certified as pulmonary fibrosis must be referred to the Coroner by the Registrar.

Closely associated with deaths due to infectious diseases may be mentioned those following upon immunisation, which are usually notified to the Coroner. Frequently no association can be established but always, if an autopsy is to be carried out properly, all suitable material is forwarded to the appropriate laboratory. By doing this the Coroner can frequently obtain a confirmation of the diagnosis before undesirable and unnecessary publicity has occurred. Looking through my records I can find at least three cases of death which was alleged to have resulted from vaccination against smallpox. In all of them no obvious association was disclosed by the *post-mortem* findings, although in one case death was due to acute hepatitis which occurred five days after the vaccination.

The following case was of both administrative and clinical interest :—

A man of 68, wishing to visit America, was required to produce a certificate of vaccination. As he had not been vaccinated since childhood, he arranged to be re-vaccinated to comply with the regulations. The vaccination proceeded perfectly normally and " took," but on the 10th day he suddenly became aphasic, then stuporose, and was admitted to hospital, where he died five days later without recovering consciousness, and a provisional diagnosis of " post-vaccinal encephalitis " was made.

At autopsy there was considerable cardio vascular change and a bronchopneumonia with a terminal coronary thrombosis. The case was located at the London end of the main railway line from Glasgow, where an epidemic of smallpox was in progress and thus in a district in which a vaccination campaign might be required at any moment. I therefore removed the brain and spinal cord intact and material for virus investigation was first removed and the rest then put in fixative. Vaccinal virus was grown from the vaccination lesion but nothing from the spinal cord or brain, which on section showed a classical cerebral thrombosis with no evidence of encephalitis. In view of the time relation it was, however, impossible to dissociate the cerebral thrombosis from the vaccination as a precipitating factor. It is easy to see what administrative damage a premature and incorrect opinion could have caused.

The medico-legal points raised in respect of the case were :—

(1) Whether the man should have been advised against vaccination.

(2) Whether it is in the interests of the community that a primary clinical diagnosis should be made without first confirming it completely on pathological grounds.

I recently had the opportunity of assisting in the investigation of an outbreak of hepatic necrosis following upon passive immunisation with convalescent measles serum and quite clearly all cases of fatal hepatitis should be considered from the point of view of a similar aetiology, especially in view of the long incubation period.

In this short and by no means comprehensive survey I hope that I have managed to indicate the way in which the forensic pathologist should be able to help you from the point of view of infectious diseases. There are as well other matters just as important in which we have a mutual interest as, for example, midwifery. Most cases of sudden death during or shortly after delivery will be reported to the Coroner and the *post-mortem* examination should reveal the cause of such deaths and enable the Medical Officer of Health not only to produce accurate statistical information but also to assess the standard of the practitioners of midwifery in his district.

Closely allied with this is the problem of stillbirths and neonatal deaths, some of which are due to Rh incompatibility. At autopsy, helped by microscopy, it is possible to establish this and hence direct a line of investigation into the genotypes of the father and mother and plan for future pregnancies.

Death from puerperal sepsis other than in association with criminal abortion is nowadays rare and in cases where this does occur the infecting organism is most commonly a *Cl. welchii* or anaerobic streptococcus, a great tribute to chemotherapy and antibiotics. Before concluding this far from complete list, I should like to mention one other type of case in which we have a mutual interest, the unexpected death of the small child, usually under the age of five months, which is found in its cot or pram apparently asphyxiated. This type of death must have led to many unnecessary inquests in the past ending with a verdict of accidental death, for there is reason to believe that many of these, presenting as they do an asphyxial picture at autopsy, are not in fact mechanical asphyxias at all. Some observers feel that they are often examples of an acute infectious process and Werne has investigated a series of cases and proved an infective aetiology, while Bowden, in Melbourne, has demonstrated other causes of death. From the health point of view the matter is most important, first, because of the psychological position of a mother accused of allowing the child to become asphyxiated and secondly, because although the publicity given to such matters as hard pillows is obviously necessary, this may be accentuating a small aspect of the problem to the neglect of others which are more important. At one stage, certainly, far too much accent was placed upon inhalation of milk or regurgitated stomach contents. For several years I have been collecting material from such cases and it has become clearer and clearer that the bacteriological aspect must be explored more fully and that a field worker is an essential part of the investigation in order that the

home surroundings and bacteriology of the family may be examined.

Finally, I should like to refer to the question of research or planned investigation. Here the two "specialities" can be of mutual assistance; on the one hand, the Medical Officer of Health can ask the pathologist to look out for any particular condition in which he may be interested, while on the other the pathologist can obtain valuable assistance in affording local information or statistics. My own experience is that in some districts a close liaison exists with the Health Officer, while in others not only have I never met him but I do not even recollect having heard his name.

Now may I turn to the manner in which the Medical Officer of Health can help the forensic pathologist and, I will add, help himself as well? The answer to this is, quite simply, "mortuary accommodation." I am sure you will forgive me if I am outspoken, but there is no doubt that a certain amount of the public mortuary accommodation, not only around London, but more especially in the rest of the country, is a disgrace to the local authorities whose responsibility it is. In fact, I would be surprised if many Medical Officers of Health would care either to carry out a *post-mortem* examination in their mortuaries or to be in the place of the unfortunate relatives who have to view a body lying there. This may appear harsh criticism, but in at least two mortuaries I know it required the presence of the body of a well-known public man to draw the attention of the responsible authority to the unpleasant conditions existing and cause redecoration to be carried out almost overnight. Most of these places are badly situated, dirty, ill-lit and cold and are presided over by a type of man quite unsuitable either to keep the place clean or look after the relations of the deceased in a proper manner. I appreciate that there are good mortuaries, but some of these have improved beyond recognition on the appointment of the right sort of keen attendant who takes a pride in his work. There is no need to stress that inefficiency on the part of the mortuary keeper may lead to confusion of bodies and subsequent claims on the local authority, to say nothing of distasteful publicity. I have emphasised the importance of a proper autopsy, but of what use is it if the conditions under which it is carried out invalidate the work or the skill of the operator? It is now felt that *post-mortem* rooms should not greatly differ from operating theatres. They should be warm in winter and cool in summer, well lit and with running hot and cold water and they should be *clean* and not littered with a mass of rubbish and filth. There should be facilities for the pathologist not only to hang his coat and clothes away from the smell of decomposition but also to sit down and discuss cases with doctors. There should be a telephone so that local practitioners who wish to attend examinations can be available for calls. Refrigeration for preservation is essential and there should be bench facilities for collection of material together with suitable containers and swabs. The attendant should have been trained in the preparation *and* reconstruction of bodies. He should *look* clean and be tactful and have a supply of clean white coats for use when at work and interviewing the relatives. The presence of a man who looks like an abattoir worker is most undesirable.

The viewing accommodation for the relatives should be separate and reverent and they should not have to associate themselves with other and sometimes decomposing corpses. It is said that these facilities are provided in hospital mortuaries, but this is by no means always a true statement as some fall far short of the elementary desiderata I have outlined.

I think I can claim to have voiced the opinion of forensic pathologists throughout the country, many of whom want to help you with your problems but are losing heart and interest because of poor mortuary facilities. I would suggest that the solution may lie in several local authorities providing first-class accommodation together rather than each small area attempting to provide its own mortuary, which involves greater capital and maintenance expenditure.

CORRESPONDENCE

Hostels for the Homeless Ambulant Tuberculous

To the Editor of Public Health

Sir,—Your editorial on the above subject (Public Health, January, page 58) deals with one side of the case only—the point of view of a large Local Health Authority and Regional Hospital Boards, but I submit there is another side to the question. What are the views of the receiving authorities, Health and Sanitary, when they hear that a hostel for infectious cases from another authority is opened in their area with no prior consultation?

The inmates of a hostel are not subject to any discipline and can go anywhere—into public-houses, restaurants, etc.—and are thereby a very big potential source of infection to the local inhabitants, yet I as Medical Officer of Health was not consulted in any way before the establishment of this hostel. Further, the selection of cases for such hostels must be very carefully done, as otherwise the local hospital provision for tuberculosis cases gets swamped with hostel cases to the obvious detriment of "local" cases.

I would submit that hostels which in law cannot be properly supervised by either the Local Sanitary or Health Authorities are not the answer to this problem. Any authority wishing to establish such a hostel outside their area should, in the first instance, consult the County Medical Officer of the local Health Authority and the Medical Officer of Health of the local Sanitary Authority. The hostel should belong to the authority, not as in this instance be a privately owned hostel under contract to the providing authority. There should be a definite code of rules governing such hostels. This could be done if the providing authority were the owners, but cannot be enforced on a privately owned hostel under contract.

Yours faithfully,
J. C. Sleigh,
Medical Officer of Health.

Public Health Department,
15, Hatfield Road,
St. Albans.
January 11th, 1952.

Is the Society Doing its Job?

Several members have written lengthy letters for publication following up the letter from Dr. R. S. Davidson (Public Health, December, 1951, page 50) and the Editor's note in reply. While the present need for strict economy prevents publishing these further letters in full, three extracts are printed herewith:—

From Dr. R. A. Hoey (M.O.H., Bedwellty U.D.C.)—

"Dr. R. S. Davidson has put his anger on a sore spot when he asks what interest is being shown in the sorry plight of assistant medical officers, the shortage of whom was the only factor which induced the management side to enter into negotiations at all, and who have been awarded the minimum salary-scale calculated to attract the minimal number of half-hearted recruits required to run the present half-baked system on a couple of cylinders for the time being.

"His resignation from the Society, fitting or otherwise, is logical, for if you see something that is wrong it is correct and proper to try to put it right. Whether Dr. Davidson should continue to attempt this task from within, or, by what to him is the distasteful alternative, to resign as a protest, is a matter of opinion and a matter which he alone can decide.

"If a dozen missives like this Davidson bombshell thudded into your letter-box every week, would not things soon start to happen? In the meantime, one of my pen friends has been pressing for a strike. That means stoppage of pay for an indefinite period. Would not a really thorough examination of every baby and school child brought before us serve equally well? Most of us need half an hour to examine a long case properly. Once such a system were introduced throughout the country, a horde of angry mothers who had waited two hours for nothing would descend upon their ward representatives at fairly frequent intervals. What a colourful picture, Mr. Editor! What consternation in the council chamber!"

From Dr. G. Howard Shanley (A.S.M.O., Durham C.C., and President, Co. Durham Medical Officers' Guild)—

"The recent letter of Dr. Davidson should be accepted by the Society as a symptom of intense dissatisfaction among public health departmental medical officers. The fact that so few such letters make their appearance must not give the Society the impression that this is an isolated

opinion. Indignation is widespread and it is a tribute to the loyalty and forbearance of members that they have borne this injustice so quietly. Members like Dr. Davidson can be forgiven for thinking perhaps that our negotiators started at the top and worked down; I am assured that was not the case, but in view of the award it is hard to think otherwise. This feeling is strengthened by the very milk-and-water protest in PUBLIC HEALTH.

"Our friends the dentists in the School Health Service now have a maximum salary of £100 per annum more than departmental medical officers and some M.O.H.s. Please do not quote at this stage the law of supply and demand. The medical profession as a whole was, and even now still is, strong enough to prevent injustice.

"Your reply to Dr. Davidson stresses our indebtedness to the B.M.A. but in doing so gives the impression of the poor member of the family going, cap in hand, to the rich relative and rendering thanks for the crumbs. After all, Sir, the B.M.A. have accepted the position for the whole profession; it was not forced on them, and while again you may say with some justification that our own Society cannot undertake what practically amounts to the functions of a trade union, neither can the B.M.A. I may be wrong but I had the impression that the Medical Guild was to be the operative body in such mundane affairs as salaries and conditions.

"It is to be regretted that nowadays negotiation demands other qualities than academic distinction which I am sure our learned representatives have in abundance. In other qualities they are as babes when compared with our present antagonists, who, through long association with trade union procedure, are adepts in getting the best of both worlds or at least in coming out of any deal with the best possible terms for themselves even with all odds against them. The time surely has come for some body thoroughly representative of *all grades* of the Service to undertake necessary negotiations and this body should have the help of a paid expert on trade union methods of conducting negotiations because that is predominantly the make-up of our employers. Again, the present committee acting on our behalf does not contain one single member of Departmental Medical Officer status so that by far the greater number of medical officers in the Public Health Service have no direct voice but have to rely upon the M.O.H. senior members to look after their interests. In view of the nature of the salary award, with its obvious discrepancies, it is small wonder indeed if there is doubt and disappointment throughout the great mass of junior members of the Service.

"As a pertinent afterthought, what is the B.M.A. waiting for now? I understand that further representation can be undertaken at any time under Committee C. Are we to wait until the full rigour of the promised economy measures precludes further action?"

From Dr. Ethel Emslie (A.M.O.H., Essex)—

"The apparent lack of purpose and initiative in the direction of our affairs, not only or even chiefly financial affairs, may be due to the following reasons. Too many of those in control have reached their goal and have no stake in the future of Public Health. Their state of mind might be expressed by the often heard theme "It will last our time." Secondly, they are remote from and out of touch with the persons for whom the personal services exist, and therefore lack understanding of their needs. Thirdly, their interests are by no means identical with those of the majority of members, and may even be in opposition. In fact as our only contact with our employers is through the M.O.H.s and we are under their authority, they stand to us to some extent in the relation of employers, and are therefore unsuitable as a body to act as our representatives in questions relating to employment and conditions of service.

"I doubt for instance whether it is altogether due to the Hospital Boards that the Health Act suggestion of Medical Officers taking part in hospital work has come to naught. Have we had the active and wholehearted support of the Council in this matter, or are some of the M.O.H.s afraid to lose complete control of us?

"I record with gratitude nevertheless that the Local Authority and M.O.H. for whom I work allow Medical Officers to attend hospital once a week."

With reference to these comments, we understand that the staff side of Whitley Committee C is to consider reopening negotiations for Departmental Medical Officers at an early date and that a Departmental Medical Officer is now a member of the staff side, as well as representatives of M.O.H.s of various types of L.A. and of Senior M.O.s. Regarding previous history, representation of the staff side by counsel before the Industrial Court was decided by the similar action taken by the management side. Lastly, the purpose of the British Medical Guild and of the Public Health Service Defence Trust is to safeguard members against financial hardship suffered through loyalty to the B.M.A.s policy. Assistance is being given now to certain practitioners who have withdrawn acceptance of posts under the Durham C.C. until the "closed shop" issue is finally settled.—Editor, PUBLIC HEALTH.

JOINT TUBERCULOSIS COUNCIL

Hon. Secretary's Report for 1950

The Officers of the Council have been:—

Chairman: Dr. Peter W. Edwards.
Vice-Chairmen: Prof. F. R. G. Heaf; Dr. N. Tattersall.
Hon. Treasurer: Dr. A. P. Ford.
Hon. Secretary: Dr. R. L. Midgley.

Four meetings of the Council have been held, on February 15th, May 20th, September 16th, and November 18th.

At the first meeting the Council expressed its thanks to Dr. N. England for the way he had conducted the Council's business during the term of his Secretaryship.

The Ministry of Health increased its grant from £100 to £300 per annum. This welcome addition to the Council's income had made it possible to give members some help towards their travelling expenses for meetings.

The completion and publication of the Forms of Record for the Chest Services is perhaps the most important achievement of the year.

The consideration of the system of medical examination of immigrants which the Council had begun the previous year was still being studied. Arising from this subject was the question of the repatriation of tuberculous foreign seamen who came under treatment in this country.

A Joint Committee on Radiology, composed of representatives of the Council, the Faculty of Radiologists, and the Society of Thoracic Surgeons, had been formed largely by the initiative of Dr. J. Watt (Convenor of the Council's Committee on Radiology), to produce the revised version of the report on skiagraphic terminology and the report on radiographic technique for which the Ministry of Health was asking.

The Council sent representatives to a meeting called by the Chief Medical Officer of the Supplies Division of the Ministry of Health to consider the possibilities of a photofluorographic *x*-ray camera taking 5 in. by 4 in. films. It was decided to install three pilot units. The result of the experiment is awaited.

The trial of a Four Digit Classification of Tuberculosis which had been undertaken at the request of the World Health Organisation was completed, and the opinion of the Council sent to Dr. D'Arcy Hart.

The Council has produced a memorandum on the internal administration of hospitals at the request of the Ministry of Health, and it has been sent to the Ministry.

The Council has noted with satisfaction that the Ministry of Health Memorandum 64/50 on the protection of organised groups of children from tuberculous infection is founded largely on the report of the Council's Children's Committee, May, 1948. The Council is grateful for the Minister's acknowledgment of the Council's help in this matter.

The Council considered a memorandum on the rehabilitation of tuberculous doctors.

The Council has continued to take an active part in the work of the Tuberculosis Educational Institute, whose Chairman has been Dr. J. Watt.

The Council has been glad to accede to a request to send two representatives to the British Co-ordinating Committee on Student Health.

Other bodies on which the Council is represented are the British Council for Rehabilitation, Consultant Services Committee of the B.M.A., Scientific Film Association, and the Tuberculosis Rehabilitation Council.

The Council wishes to acknowledge the help and advice given by the Observers from the Ministries of Health, Labour and National Service, Pensions, National Insurance, Ministry of Health Northern Ireland, and the Department of Health for Scotland.

SOCIETY OF MEDICAL OFFICERS OF HEALTH

NOTICES

MATERNITY AND CHILD WELFARE GROUP

CLINICAL WEEK-END, OXFORD, MAY 10TH AND 11TH, 1952

Preliminary Notice

The Maternity and Child Welfare Group is holding a Clinical Week-end at Oxford on Saturday and Sunday, May 10th and 11th, 1952. The approval of the Chief Medical Officer of the Ministry of Health has been requested. Details of the programme will be circulated to members. Fee for the course will be 15s.

D. A. CRAIGMILE,
52, Mount Park Road, *Hon. Assistant Secretary.*
Ealing,
London, W.5.

METROPOLITAN BRANCH

President: Dr. W. H. Bradley (Sen. M.O. Ministry of Health).

A meeting of the Branch will be held at B.M.A. House, Tavistock Square, London, W.C.1, on Friday, February 8th, at 5.30 p.m.

Dr. Wilfrid Warren, Physician, Bethlem Royal and Maudsley Hospitals, will speak on "Preventive Psychiatry, with special reference to children and young people."

Town Hall, F. M. DAY,
Hammersmith, W.6. *Hon. Secretary.*

SERVICES GROUP

President: Surgeon-Captain D. Duncan, O.B.E., R.N.

Meeting, February 8th

The next meeting of the Group will be held at the invitation of the Commandant (Major-General F. R. H. Mollan, C.B., O.B.E., K.H.S.) at the Royal Army Medical College, Millbank, London, S.W.1, on Friday, February 8th, 1952, at 8 p.m.

The proceedings will open with a short film and will be followed by demonstrations in subjects of Army Health interest.

Light refreshments will be served in the College Library from 9 p.m.

Entrance to the College is from *John Islip Street* (which runs from the rear of the Tate Gallery to Vauhall Bridge Road), past the Guard Room, No. 18 Company R.A.M.C. where cars may parked in the Barrack Square.

Annual Dinner, March 14th

The Annual Dinner of the Group will be held on Friday, March 14th, 1952, at Simpsons-in-the-Strand. The cost per head will be 25s. exclusive of wines. Members may invite guests. Any member of the Society whether or not a member of the Group, who has served at any time in H.M. Forces will be very welcome on this occasion.

In order to facilitate arrangements, members are requested to inform the Hon. Secretary as soon as possible, with names in block letters. Time: 7 p.m. for 7.30 p.m. Dress: Dinner jackets with decorations.

London School of Hygiene and Tropical Medicine,
Keppel Street (Gower Street), G. M. FRIZELLE,
London, W.C.1. *Hon. Secretary.*

REPORTS

ANNUAL GENERAL MEETING

The Annual General Meeting of the Society was held at 12.30 p.m., on Friday, December 21st, 1951, in the Committee Room of the Society, Tavistock House South, Tavistock Square, London, W.C.1.

The President (Dr. W. G. Clark) was in the chair and there were also present 12 members of the Society.

Minutes.—The Minutes of the Annual General Meeting held on November 23rd, 1950, were confirmed and signed by the Chairman.

Annual Reports and Accounts.—The Annual Reports of the Council, of the Hon. Treasurer, and of the Editor of PUBLIC HEALTH for the session 1950-51 were received and adopted together with the Balance Sheet as at September 29th, 1951, and the Income and Expenditure Account for the year ended September 29th, 1951.

The Executive Secretary reported a letter from a Fellow criticising the net cost of the Annual Dinner as shown on the expenditure account. The meeting agreed in the desirability of keeping down the cost of this event to the Society, but it was felt that the Dinner was the one occasion on which the Society could entertain its friends and represented its "public relations" expenditure.

Appointment of Auditors.—Messrs. Greene, Clements & Co., Chartered Accountants, of 20, Bloomsbury Square, London, W.C.1, were appointed the Auditors of the Society.

Hon. Solicitors.—Messrs. Neish, Howell and Haldane, Solicitors, of 47, Watling Street, London, E.C.4, were appointed the Hon. Solicitors of the Society.

Election of Members.—The following candidates having been duly proposed and seconded, were then elected as Fellows of the Society:—

Anscombe, Beryl Georgina, M.B., CH.B. (LIV.), D.R.C.O.G.; Barclay, Charles Curror, M.B., CH.B. (EDIN.), D.P.H.; Black, Stanley Alfred Briscoe, M.B. (ABERD.), D.P.H., D.T.M.&H.; Brewster, Howard, M.D., B.CH. (BELF.), D.P.H.; Brown, Harry Birrell, M.B., CH.B. (GLAS.), D.P.H.; Caldwell, Arthur Stanley, M.B., CH.B. (GLAS.), D.P.H.; Cochrane, James Scott, L.D.S., R.C.S. (ENG.); Colville, Margaret Eunice, M.B., CH.B. (GLAS.); Dennis, Margaret L., M.R.C.S., L.R.C.P. (LOND.); Farooq, Mohammed, B.SC., M.B., B.S. (BOMBAY), M.R.C.S., L.R.C.P., D.P.H., D.T.M.; Graham, Janet Fraser, M.B., CH.B. (GLAS.), D.P.H., D.C.H.; Holtby, Gerald Rookledge, M.B., B.S., M.R.C.S., L.R.C.P. (LOND.), D.P.H.; Hughes, Tom Evans, M.R.C.S. (ENG.), L.R.C.P. (LOND.); Innes, James Alexander Lindsay, M.B., CH.B. (ABERD.), D.T.M.&H.; Mair, John M., M.B., CH.B. (ABERD.), D.P.H.; Meade, Caroline Anne, M.B., B.S. (LOND.), D.P.H.; Miller, Jean Ferguson, L.D.S., R.C.S. (EDIN.); Murdock, James Ronald, B.A., M.D. (DUB.), D.P.H., D.C.H.; Nelson, Alastair Morrison, M.B., CH.B. (EDIN.), D.P.H.; Niven, Robert John, Lt.-Col., R.A.M.C., M.B., B.S. (LOND.), D.P.H.; Roads, Peter George, M.D., B.S. (LOND.), M.R.C.S., L.R.C.P., D.P.H.; Simpson, John, M.B., CH.B. (GLAS.), D.P.H.; Steede, Francis Desmond FitzGerald, M.B., B.CH. (DUB.), D.P.H.; Surtees, Anne Dey, M.B., CH.B. (ABERD.), D.C.H.; Thompson, Irene Margaret, M.B., B.CH., B.A.O. (BELF.), D.P.H.; Watkin, Iestyn Morgan, PH.D. (LOND.), M.SC., M.B., B.CH., D.P.H. (WALES); Weir, Ian B. L., B.SC., M.B., CH.B. (GLAS.), D.P.H.

The names of candidates for the next ensuing election were reported.

There being no other business the meeting terminated at 12.50 p.m.

EAST ANGLIAN BRANCH

President: Dr. R. A. Leader (M.O.H., Ipswich C.B.).
Hon. Secretary: Dr. A. J. Rae (Dep. C.M.O., West Suffolk).

A meeting of the Branch was held at "The Grange," Brome, on Saturday, December 8th, 1951, at 3 p.m. The President was in the chair and 13 members were present.

Dr. T. Ruddock-West reported upon the last Council meeting of the Society.

It was reported that prophylaxis against tetanus was receiving consideration at the Department of Human Ecology, University of Cambridge, and members agreed on the steps which would be taken to assist the Department to obtain particulars of cases occurring in East Anglia.

A member enquired whether the weekly sickness returns of the Ministry of National Insurance could be sent direct to District Medical Officers of Health. Considerable discussion took place as to the usefulness or otherwise to M.O.H.s of these returns, especially as they referred to areas which were not coincident with County Districts. Finally, it was decided that the matter could be dealt with by District M.O.H.s obtaining the returns from their County Medical Officers.

The Secretary read memoranda received that morning from the Executive Secretary with regard to the work, etc., of Sanitary Inspectors. These were discussed by the members, who instructed the Branch Secretary to inform the Executive Secretary that the Branch gave unqualified support to the views expressed in the memoranda.

Dr. C. G. Eastwood, Medical Officer of Health, City of Cambridge, then gave a very witty and amusing talk on "How shall we tell our people?" in which he gave advice to persons about to undertake health education. He warned members that, in the absence of basic knowledge, visual aids might confuse rather than clarify the issue. The Australian aborigines, for example, had no understanding of perspective or European pictorial conventions, and many people now thought of germs as manikins with pitchforks. Dr. Eastwood stressed the importance of a proper background in general biology (not nature study) as a preliminary to talks on hygiene, that is, health education. He thought that the staffs of Health Departments should be ready to accept opportunities to teach hygiene in schools, as many biology teachers knew very little about hygiene as distinct from nature study.

A lively discussion followed as to what various authorities were doing in this matter. One area reported that it had been found that a popular and profitable form of health education was for school leavers to pay a visit to the Public Health Department and see the work that was done there day by day.

A hearty vote of thanks was accorded to Dr. Eastwood for his address.

It was suggested that Thetford might prove a convenient centre for meetings and it was decided that the next meeting of the Branch should be held there on February 9th, 1952.

MIDLAND BRANCH

President: Dr. C. Starkie (M.O.H., Kidderminster M.B.; Div. M.O., Worcestershire).

Hon. Secretary: Dr. W. Alcock (M.O.H., Burton-on-Trent C.B.).

The second meeting of the session was held at Lancaster Street Welfare Centre, Birmingham, on Thursday, November 1st, 1951, at 3 p.m. The President was in the chair and 23 members attended.

The Balance Sheet was circulated to members present, but discussion was deferred to the next meeting, owing to the absence of the Hon. Treasurer.

The Care of the Aged

Dr. Nagley, Medical Superintendent, Dudley Road Infirmary, based his remarks upon the results of a survey carried out at Dudley Road Infirmary, which have recently appeared in the form of a report of the Planning Committee of the Birmingham Regional Hospital Board. The report arose largely, owing to lack of precise information about the chronic sick in hospitals. As a result of a survey of 1,005 patients, it was found that no less than three-fifths did not require hospital treatment at all. Of the remaining two-fifths, about half required all the resources of an acute hospital, and the rest needed care in a mental hospital.

The problem is a large one. There are 70,000 hospital beds occupied by the chronic sick, and their mean duration of stay is about 34 months. Excluding those patients requiring special services, the solution of the problem would appear to be the establishment of long-stay annexes providing domestic services and simple nursing, which would be the responsibility of regional hospital boards, and domiciliary care, supported by the services of local health authorities, general practitioners, and voluntary agencies.

Dr. Nagley also described, in detail, the system of domiciliary visiting which is in operation in Birmingham.

Dr. Donovan described the care of the aged from the point of view of a general practitioner. The general practitioner is the first in the field. Excluding the acute surgical and medical emergencies, there are two major groups which are beyond the capacity of the ordinary household, (a) persons of unsound mind, and (b) those who are incontinent. For these, institutional care is essential.

There is a large number of old persons, however, in whom failing health, lack of means, and poor housing conditions, are great anxieties, and in whom restricted mobility, chronic bronchitis, and cardio-vascular disorders quickly bring about a state of malnutrition, self-neglect, and minor degrees of mental deterioration. For this group, a great deal can be done, by way of help from the District Nurse, Home Helps, assistance with shopping, and the provision of washing and lavatory facilities on ground level, whilst much can be done to raise morale, by the provision of old people's clubs and special provision for employment, either in special factories or in home-craft.

A very interesting discussion followed, in which Drs. Lawson, Martine, Owen, and Ross took part.

A vote of thanks was proposed by Dr. Jolly, seconded by Dr. Melville and carried unanimously.

NORTHERN BRANCH

President: Dr. J. V. Walker (M.O.H., Darlington C.B.).

Hon. Secretary: Dr. W. S. Walton, C.M. (M.O.H., Newcastle-upon-Tyne C.B.).

The Annual Meeting of the Branch was held in the Board Room, Elswick Grange, Newcastle-upon-Tyne, on Friday, November 23rd, 1951. The President was in the chair and 30 members and two guests attended.

The President, on behalf of the Hon. Secretary, submitted a letter from Mr. F. J. Gilbertson intimating his retirement from the Northumberland C.C. Dental Service and formally resigning from the Branch. In reply to Dr. Grant, the President stated that he did not think that Mr. Gilbertson was eligible for nomination for life membership, but the matter would be looked into.

The President, on behalf of the Hon. Secretary and Treasurer, submitted the Annual Report of the Council, together with the Financial Statement, which showed a credit balance of £25 16s. 7d. The Report was adopted unanimously.

The following were elected to the Branch Council: Drs. J. Grant, J. B. Tilley, E. F. Dawson-Walker, M. W. Dewell, A. S. Hebblethwaite, W. J. Pierce, M. Hopper, A. I. Messer, W. Minns, E. Browell, I. McCracken, and G. Wilson, together with the President (Dr. J. V. Walker), the Vice-President (Dr. H. J. Peters), the Hon. Secretary (Dr. W. S. Walton), and the British Medical Association representatives (Dr. H. H. Goodman and Dr. H. L. Taylor).

It was agreed that the Annual Dinner be held as usual, the provisional date being Friday, March 21st, 1952.

The President (Dr. J. V. Walker) delivered his Presidential Address on "An Experiment in Health Education" (published in the last issue of PUBLIC HEALTH). On the motion of Dr. W. J. Pierce, he was accorded a hearty vote of thanks.

SOUTHERN BRANCH

President: Dr. N. F. Pearson (M.O.H., North Dorset C.D.).

Hon. Secretary: Dr. E. J. Gordon Wallace (M.O.H., Weymouth M.B.).

A meeting of the Branch was held at the Crown Hotel, Blandford, on Friday, October 19th, 1951. At the commencement Dr. Chesney took the chair in the absence of the retiring President (Dr. Lindsay). Ten other members attended.

Correspondence.—Letter dated August 4th, 1951, was read from the Hon. Secretary of the Tuberculosis Group Committee of the Society enquiring whether Dr. W. J. Hart, of Chandlers Ford, would still be representing the Southern Branch on this Committee. The Hon. Secretary stated that he understood that Dr. Hart had now retired and did not wish to take any active part in the Society.

It was proposed that Dr. Arnold Clark should be approached to see whether he would agree to serve on the T.B. Group Committee in succession to Dr. W. J. Hart. (Dr. Clark has since agreed to serve.)

The report of the Hon. Treasurer was presented by the Hon. Secretary in the absence of Dr. H. L. Cronk. The financial statement for the year April 1st, 1950, to March 31st, 1951, was adopted and the Hon. Secretary was requested to convey to Dr. Cronk the Branch's very deep appreciation for his services as Hon. Treasurer.

Installation of President.—The President-elect, Dr. N. F. Pearson, of North Dorset Combined Districts, was then installed as President by Dr. G. Chesney, who invested him with the badge of office. Dr. Pearson thanked the members for the honour they had done him and delivered his Presidential Address on "Care of Aged Persons in a Rural District with Particular Reference to their Housing."

On the proposition of Dr. Chesney a most hearty vote of thanks was accorded to the President for his stimulating and enjoyable paper, which is published on other pages of this issue.

Clinical Cases of Interest.—Dr. Lisney reported that seven cases of Bornholm disease had come to light in the county; these were being investigated by the Medical Research Council bacteriologist; all the cases were in the practice of the same doctor and occurred in close proximity to each other.

Dr. Pearson said that when 34 cases of Bornholm disease had occurred in a public school he had gone along with the medical officer of the school and found that all the cases occurred within a fortnight or three weeks. The symptoms were severe headache, neurological manifestations, the majority having pain in the sub-costal region and one or two with abdominal pain.

An interesting discussion then took place on the possible connection between Bornholm disease and poliomyelitis.

Thirteen members and guests afterwards dined together.

A meeting of the Branch was held at The Castle, Winchester, on Friday, November 16th, 1951. The President was in the chair and 21 members and eight visitors attended.

Correspondence.—Letter dated November 12th, 1951, was read from the Assistant Secretary of the Society of Medical Officers of Health informing the Branch that Dr. H. Gordon Smith, formerly Medical Officer of Health, County Borough of Bournemouth, now retired and living in Warwickshire, is entitled to be nominated for life membership of the Society.

It was agreed unanimously that the Branch should recommend to the Council of the Society that Dr. H. Gordon Smith be nominated for life membership of the Society.

Nutrition and Health—A Farmer's Viewpoint

Mr. Friend Sykes, of Chantrey Farm, Chute, Nr. Andover, gave a most interesting talk on the above subject, which was followed by a lively discussion.

Mr. Sykes is a farmer in Wiltshire with a long lifetime's experience of the soil. His work, in addition, is that of consultative operations and advising farmers in many parts of Britain, Ireland, and abroad. His knowledge and experience of soils in many climes must be extensive, and the address proved to be one of the most exciting experiences that we have enjoyed.

The subject of his address was nutrition as the farmer understands it. He dealt with the health of his stock, and if he finds disease he blames the food upon which the animal has been fed; for the elementary purpose of food is to energise the subject. If the food is fully life-sustaining, the subject has an exalted existence. If the food is inferior in quality and quantity, the subject suffers accordingly. Bad health, Mr. Sykes contends, is evidence of bad food and bad feeding.

Where does the food come from? It comes from the land. If the food, therefore, is not all-sufficient, the fault lies in the soil upon which it was grown. That is where we begin and end. As Mr. Sykes emphasises, man came from the dust, and to the dust he returns. This, in brief phrasing, is the epitome of his thesis.

More than any other member of the community, Mr. Sykes regards the farmer as being in continuous and intimate touch with life. What is life? He tells us that it is the one subject about which we know little. What we do know amounts simply to this—that it has five sharp divisions: Birth, Growth, Maturity, Death, Decay—and out of decay springs the resurrection of life, and the cycle goes on for ever. Mr. Sykes contends that the study of the fertility of the soil is not the narrow conception of the chemist. There is a chemical aspect. There is also a biological aspect, but the ecologist has to be reckoned with, and so has the physicist. Soil science, therefore, is no longer a chemical problem but the study of the four highly developed sciences, which are inter-connected and inter-related; and any scientist who fragmentates his studies, and shows a disregard for the influence of the other three sciences, is failing in his most elementary duty to try to understand the complexities of the problems associated with the soil and food production.

Mr. Sykes has good grounds upon which to build his premises. He has been a breeder of high-class livestock for nearly 40 years and, during that time, has accumulated a vast record of experience which teaches him the practical side of his undertakings. He has found, so he tells us, that most diseases, if taken in time, will respond to correct food and a proper diet. He considers that, if he can be appraised of the presence of disease in an animal, he can invariably cure it in this way. If, of course, the disease is so far developed that death is expected any moment, then he does not claim that the remedies he usually provides will be effective. He thinks it is not possible to claim that either animals or humans could be raised to such a high standard of health that they could be regarded as immune from disease; but he thinks it is possible to so raise the health standard that immunity can nearly be obtained. He has a philosophical outlook about the existence of disease, in so far as he regards it as one of the orderly happenings in Nature, and something with which we must always expect to have to contend. He thinks disease has been instituted as a natural feature to remove the unfit, the ill-nourished, and the old. It is part of the orderly happenings to be found everywhere in Nature. The most that can be hoped for is to so sustain the living species by correctly produced food, grown on soil that is in every way healthy, that a high standard of health can be maintained throughout, and longevity of every species be reasonably expected.

How is all this to come about? Mr. Sykes has devised his own system to effect this end. He regards the use of chemical fertilisers as a poor substitute for the natural organic matter which is the effluent of the animal mixed with the waste vegetation of the earth. The mixture of these organic features produces what is known as "compost" or "humus." Humus is the natural effect of the soil introduced adequately and in large quantities, made by every process which Nature provides, and will keep the land in eternal productivity and will produce, in his view and experience, a classification of food which will have high nutritive properties. He has devised a system of farming which makes this practical and economic. He considers the use of artificial fertilisers is unnecessary in the general economy of the farm. They produce, in his experience, a type of food which lacks the life-sustaining qualities which he seeks.

This, then, is the thought that he put to the members who were assembled at Winchester to listen to an address and discussion which occupied nearly three hours; and it was the consensus of opinion of all those who attended that it proved to be one of the most stimulating lectures to which they had listened for a very long time. It provides a new outlook, and different standpoint, for the medical profession to contemplate, and addresses of this kind ought to be encouraged, for it gave a viewpoint very different from the orthodox studies by which we medical people are somewhat bound.

Mr. Sykes issued an invitation to the members of the Southern Branch to visit his farm in June next, and an organised trip is being arranged accordingly, when it is hoped that the members will be able to see for themselves, as Mr. Sykes put it, "the writing on the land."

On the proposition of Dr. A. A. Linney a hearty vote of thanks was accorded to Mr. Friend Sykes for his excellent paper.

Tea was afterwards provided, and the President thanked Dr. H. L. Cronk for making such efficient local arrangements.

DENTAL OFFICERS GROUP

President: J. V. Bingay, M.B.E., L.D.S. (Chief D.O., Middlesex).
Hon. Secretary: J. F. A. Smyth, L.D.S. (Chief D.O., Gloucestershire).

General Meeting

A meeting of the Group was held at Tavistock House on Saturday, December, 1st, 1951, at 2 p.m. The President presided and was assisted by 20 members and visitors. The President welcomed Mr. H. D. Freeman, Specialist Orthodontic Officer, Middlesex County Council, and invited him to read his paper on "Orthodontics in the School Clinic" (to be published in full in a later issue of PUBLIC HEALTH).

Group Council Meeting

A meeting of the Group Council was held at Tavistock House on Saturday, December 1st, 1951, at 10 a.m. The Chairman of

the Group Council, Mr. J. V. Bingay, presided, and also present were: Messrs. M. Cohn, R. B. Dinsdale, S. K. Donaldson, J. Fletcher, Miss W. M. Hunt, Messrs. P. G. Oliver, J. C. Robertson, J. F. A. Smyth, Miss A. M. Stewart, and Messrs. K. C. B. Webster and J. Young. Apologies for absence were received from Messrs. Batten, Fleming, Kew, and T. H. Liptrot. The minutes of the previous meeting having been circulated were confirmed and signed. Arising from the minutes the Hon. Secretary reported that in reply to his letter to the Department of Dental Health of the Ministry of Health, it had been stated that the Committee controlling the experiment in the use of Dental Hygienists was a Sub-committee of the Standing Dental Advisory Committee. Dr. Senior would, however, bring the Group's request for representation on that Committee before the Standing Dental Advisory Committee at their next meeting. The Executive Secretary would convey with emphasis the support of the Council of the Society for the Group's request.

Correspondence.—(*a*) The Hon. Secretary reported receipt of a letter from the Society acknowledging the Group's memorandum on the proposed new Dental Bill. The matter had been referred to the School Health Service Group, the M. & C.W. Group and the Scottish Child Health Group, and their comments were included. Concern was expressed that this purely dental matter should have been referred for consideration by two other Groups on which there was no dental representation without prior consultation with the Dental Officers Group. It was thought that it was a matter which might well have been referred to the Inter-Group Committee. Mr. Bingay reported receipt of a letter from Dr. Newth, of the School Health Service Group, inviting a representative to attend a meeting of the Group on this subject in January. The Group Council agreed that Mr. A. G. Taylor should attend.

(*b*) A letter from Mr. Webster suggesting that the Group should have a representative on the examining body of the Dental Nurses Society. Some doubt was expressed as to the desirability of this course. It was agreed that the officers of the Group should examine the matter.

(*c*) A letter had been received from the President of the British Dental Association thanking the Group for their Demonstration at the Association's Annual Meeting in July.

Report of Metropolitan and Home Counties Sub-Group.—One meeting had been held which had been addressed by Miss E. M. Knowles on the "Scandinavian Dental Services." The poor attendance at the meeting was much regretted.

Report of the Editor of Transactions.—Mr. Fletcher reported that lengthy reports of Group meetings on July 21st, and of the Sub-Group on February 9th had appeared in the October issue of PUBLIC HEALTH. All reports were now up to date. In the same issue had appeared an Editorial covering one and a half columns on "The Prevention of Dental Disease."

Report of Hon. Membership Secretary.—Referring to the Society's recruitment drive, Mr. M. Cohn said that a letter had been sent to all dental officers in County Boroughs inviting them to seek membership of the Society. A follow-up letter was being sent to all such officers over the signatures of the President and Hon. Secretary. Later the recruitment drive would be extended to dental officers employed by County Councils.

Report of Chairman of Group Council.—Mr. Bingay referred to the new Dental Bill which had just been issued. He desired that the Bill should be discussed later under any other business.

Report of Representatives on Council of Society.—Mr. Taylor reported two meetings of the Council and said there had also been a meeting of the General Purposes Committee. The Chairman of Council in paying tribute to the late Dr. Sim Wallace had referred to him as one of the Society's most distinguished members. The Council had considered a report on the implementation of the Whitley Council Scales. It seemed possible that the General Purposes Committee would be reduced in size. The Hon. Secretary was asked to write to the Society urging that the Group's representation should, if possible, not be withdrawn.

Election of Committees and Representatives of the Group Council on other Bodies.

(1) *Representatives on Joint Salaries and General Purposes Committee*: Messrs. J. V. Bingay, S. K. Donaldson, J. Fletcher, and K. C. B. Webster.

(2) *Refresher Course Sub-Committee*: Miss A. M. Stewart, Messrs. J. V. Bingay, M. Cohn, J. F. A. Smyth, and K. C. B. Webster.

(3) *Representatives on Inter-Group Committee*: Messrs. J. V. Bingay, P. G. Oliver, and A. G. Taylor.

(4) *Representative on Tuberculosis Group Council*: Mr. P. G. Oliver.

(5) *Observer on Public Dental Officer Group Committee of British Dental Association*: Mr. J. V. Bingay.

Report of Hon. Treasurer.—Mr. A. G. Taylor reported that the Group funds had further diminished during the past year. In spite of economies expenditure had outstripped income to an alarming extent. The Economy Sub-committee had accordingly further recommended that no expenses should be paid to members attending Group Council meetings on the day before, the same day, or the day after the Group's Annual General Meeting. The Committee also recommended that the Group representatives on the Council of the Society should ask for a higher capitation grant in respect of Group members who were Fellows of the Society. There was little doubt that such a provision would influence more Group members to become Fellows of the Society with benefit both to the Society and Group. The Hon. Treasurer's report embodying the recommendations of the Economy Sub-committee was accepted.

The New Dental Bill.—The provisions of the new Dental Bill were considered with special reference to the composition of the proposed General Dental Council, its power to make regulations, dental ancillary workers, the experiment in the use of auxiliaries of the New Zealand Dental Nurse type which the Council would be required to undertake, the Ancillary Dental Workers Committee of the Council and the use of the title "dental surgeon" by all registered dentists. Detailed consideration of the provisions of the Bill and their implication was referred to the Joint Salaries and General Purposes Committee.

Dates of Future Meetings.—It was provisionally agreed that Group meetings should be held on February 2nd and May 10th.

Annual Group Dinner.—This question was referred to the next meeting of the Group Council.

MATERNITY AND CHILD WELFARE GROUP

President: Dr. Anna B. Gardiner (Sen. M.O., M.C.W., Kent C.C.).

Hon Secretary: Dr. Kathleen Hart (Asst. Area M.O., Middlesex).

Hon. Asst. Secretary: Dr. Doris Craigmile (Asst. Area M.O., Middlesex).

A general meeting of the Group was held on Friday, December 7th, 1951.

The President introduced Dr. Mary Sheridan, who gave an informal talk on her visit to Canada and America. She and other members of the British Medical Women's Federation were the guests of their colleagues on the other side of the Atlantic. She was also given official introductions by the Home Office and a short period of official leave of absence. In this way she was able to see many aspects of the care of the deprived children in these two countries.

As well as a vivid description of the country and people she met, Dr. Sheridan told of her visits to various homes run by both State and voluntary bodies. Among many interesting points, she described a visit to Ellis Island and to the developmental clinic at the Foundling Hospital in New York where large numbers of young children were being observed with a view to helping their best placement for adoption. She spoke to Dr. Di Leo, who was in charge of the clinic, and was impressed by his comment that, as a result of his research, he would not now attempt to prognosticate a baby's future intelligence unless he knew the mother's, and if possible the father's mental level, as well as the results of tests on the child itself.

After her stimulating talk Dr. Sheridan answered a brisk flow of questions and was persuaded to add a delightful description of a typical banquet.

A vote of thanks was proposed by Dr. Crosse, who has herself recently been to America to study another aspect of the care of mothers and children.

NORTH-WESTERN M. & C.W. AND S.H.S. SUB-GROUPS

President: Dr. Gladys Wilkinson (A.S.M.O., Cheshire).

Hon. Secretary: Dr. E. M. Jenkins (Sen. S.M.O., Manchester C.B.).

The first meeting of the 1951-52 session of the Groups took place in the Public Health Committee Room, 3rd Floor, Town Hall Extension, Manchester, on Friday, October 26th, 1951, at 5 p.m. Sixteen members were present.

As the retiring President (Dr. Winifred Kane) was unable to be present, Dr. H. G. M. Bennett was unanimously elected to the chair.

Dr. Bennett then introduced the new President, whose family had been associated with the North-Western Branch of the

(*Continued on page 86*)

Society for very many years, and she went on to say how fitting it was that the daughter of an ex-President of the Branch should be elected to the Presidency of the Groups. Thereafter Dr. Wilkinson was duly installed and gave her address.

She commenced by blaming the Secretary for putting on the Agenda what she had to say as a "Presidential Address" since it was not intended as such, but rather to give her reminiscences after 21 years as a School Medical Officer in Cheshire. Dr. Wilkinson gave the Group a most interesting story dealing with the difficulties experienced in the good old days and the improvements in facilities in modern schools. She also drew attention to the fact that a good deal of time was lost daily through travelling, which often amounted to 40 or 50 miles.

A vote of thanks to the President was proposed by Dr. Crewe and seconded by Dr. Jenkins, who requested the President to supply a copy of her address for publication in PUBLIC HEALTH. The suggestion was warmly supported and a vote of thanks carried out unanimously.

A short discussion then took place about future meetings which had been previously considered by the Committee and the Secretary was instructed to prosecute enquiries. The President also asked the Secretary to approach the parent bodies with the suggestion that since this was a joint Group in the North-West, it might be given permission to call itself "The Child Health Group."

SCHOOL HEALTH SERVICE GROUP

President: Dr. A. Morrison (S.M.O., Derby C.B.).
Hon. Secretary: Dr. A. A. E. Newth (S.M.O., Nottingham C.B.).
Asst. Hon. Secretary: Dr. J. B. Morgan (C.M.O.H., Derbyshire).

Annual General Meeting

The Annual General Meeting of the Group was held on June 15th, 1951, at the London School of Hygiene and Tropical Medicine, London.

In the absence of the President for 1950-51 (Dr. F. J. G. Lishman) the chair was taken by the Immediate Past-President. Eighteen other members were present.

The minutes of the last Annual General Meeting held on July 15th, 1950, were approved and signed.

New Members.—The following Fellows of the Society were elected as members of the Group: Drs. K. J. Grant, S. T. G. Gray, H. W. Hall, H. M. Halliday, J. W. K. Harper, M. E. Harrow, Kathleen M. Hart, I. D. F. Conway Hastilow, M. A. Hay, N. V. Hepple, Alex. Hutchinson, F. V. Jacques, S. King, J. C. Macartney, W. H. S. McGregor, Margaret M. Meikle, and L. S. Stephens.

Election of Officers for 1951-52

The following were unanimously elected as officers for 1951-52:—

President: Dr. A. Morrison.
Past-Presidents: Drs. F. J. G. Lishman and A. A. E. Newth.
Hon. Treasurer: Dr. H. M. Cohen.
Hon. Secretary: Dr. A. A. E. Newth.
Asst. Hon. Secretary: Dr. J. B. Morgan.
Representatives on Council of Society: Drs. H. M. Cohen, J. B. Morgan and A. A. E. Newth.
Council: Drs. C. W. Anderson, V. H. Atkinson, G. G. Buchanan, J. E. Cheesman, R. W. Eldridge, G. H. Gibson, M. Gilchrist, G. H. Hogben, E. D. Irvine, E. M. Jenkins, I. J. Jones, J. D. Kershaw, J. N. Matthews, W. J. Pierce, G. D. Pirrie, T. S. Rodgers, A. L. Smallwood, J. W. Starkey, Vera C. Veitch, Gladys F. Wilkinson, and C. L. Williams.

Hon. Treasurer's Report.—The report of the Hon. Treasurer was received and approved.

Hon. Secretaries' Report.—The Hon. Secretaries reported that ordinary meetings had been held on October 13th, 1950, when Dr. Lishman gave his Presidential Address on "Sanitation in Rural Schools," on January 12th, 1951, when Prof. Moncrieff opened a discussion on "Child Health and the Future," and on March 30th, 1951, when Miss Edith Wetnall read a paper on "The Ascertainment and Treatment of Deafness in Children."

Council meetings had been held on October 13th, 1950, January 12th and March 30th, 1951, and on that day. The Council had heard with great regret that Dr. Lishman was leaving for Canada to take up a post in Didsbury, Alberta, and would not be able to fulfil his duties as President; at the same time they wished him every success and happiness and assured him of the regard and affection with which he would always be held by the members of the Group. Dr. Hogben had been invited to undertake the duties of Acting President for the remainder of the session. Amongst other subjects dealt with had been the new spectacle frames for children to be supplied under the N.H.S., the proposed registration of opticians and the question of the responsibility for refraction work done at hospitals, the Report on the Employment of Children as Film Actors, etc., information from hospitals to S.M.O.s, amendments of the N.H.S. and Education Acts, haemolytic streptococci carriers, vaccination policy, facilities for the diagnosis and treatment of cerebral palsy and the education of children affected. They had also considered a draft Form 8M and Medical Inspection Returns which had been referred to the Society for consideration and certain of the members of the Council accompanied by Sir Allen Daley had been received at the Ministry of Education to discuss the matter. They had also given close attention to certain questions on Maladjusted Children put to the Society by the Secretary of the Maladjusted Children's Committee of the Ministry of Education. At the invitation of the Ling Association, Dr. T. S. Rodgers on behalf of the Group had addressed the Association on Remedial and Corrective Exercises in Schools, in January, 1951.

A very successful Refresher Course dealing with Deafness in Children had been held in Manchester in April, 1951.

The thanks of the Group were accorded to the Hon. Treasurer, the Hon. Auditors and the Hon. Secretaries for their services during the year.

Dr. S. Leonard Simpson, F.R.C.P., then read a paper on "The Influence of the Endocrine Glands on the Development of the Child" illustrated by lantern slides, which was listened to with the closest attention and provoked a valuable discussion.

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Printed by H. R. Grubb, Ltd., Croydon, and Published by The Society of Medical Officers of Health, Tavistock House South, Tavistock Square, W.C.1.